Amendments to the Claims:

Please replace the prior set of claims with the claims below, which are redlined to show the changes to the claims.

Listing of Claims:

1. (CURRENTLY AMENDED) A method of generating an enhanced T cell response~~, with the product of claim 41,~~ in a patient to ~~the~~ an antigen, the method comprising:

administering to the patient an ~~immunoglobulin or portion thereof wherein said immunoglobulin or portion thereof has at least one peptide epitope of said antigen attached to said immunoglobulin or portion thereof~~ IgG having at least one MHC-class I restricted T cell epitope of the antigen covalently attached to the IgG backbone without modification of the Fc portion; and in conjunction with administration of said IgG,

administering ~~said immunoglobulin or portion thereof in conjunction with the~~ double stranded RNA to said patient, wherein the double-stranded RNA is pA:pU,

and wherein said IgG and double-stranded RNA are administered in an amount sufficient to generate a Tc1 response in the patient to the antigen~~;~~

~~wherein the agent is the IgG having the at least one T cell epitope of the antigen covalently attached within the CDR region of the IgG without modification of the Fc portion~~.

Claims 2-36 (CANCELLED)

Cancel claims 37-76.

77. (NEW)The method of claim 1 wherein the MHC-class I restricted T cell epitope of the antigen is covalently attached within the Complementarity Determining Region (CDR) of the IgG.

78. (NEW) The method of claim 1, wherein the pA:pU is provided in an amount sufficient to induce MHC class I-restricted Tc1 cells thereby producing IFN-γ.

79. (NEW) The method of claim 1, wherein the double-stranded RNA has a molecular weight of between 10 - 50 Kd.

80. (NEW) The method of claim 1, wherein the double-stranded RNA are between 100 - 2000 base pairs in length.

81. (NEW) The method of claim 1, wherein the immunoglobulin backbone of the IgG is derived from human IgG, or is a humanized IgG.

82. (NEW) The method of claim 1, wherein the patient is human.

83. (NEW) The method of claim 1, wherein the antigen is a virus.

84. (NEW) The method of claim 83, wherein the virus is influenza virus.

85. (NEW) The method of claim 1, wherein the T cell epitope is selected from: influenza virus M1 or M2; hepatitis C virus NS3; hepatitis B virus core antigen; human papilloma virus HPV 18-E7, HPV 16-E7, HPV 18-E6, HPV 16-E6; HIV-1: reverse transcriptase; HIV-1: gag; herpes simplex antigens; and respiratory syncytial virus antigens.

86. (NEW) The method of claim 1, wherein the T-cell epitope is a tumor associated T cell epitope.

87. (NEW) The method of claim 1, wherein the T cell epitope is selected from: melanoma-gp100; MART-1; TRP-2; carcinoembryonic antigen precursor; Her-2; prostate tumor antigens; carcinoembryonic antigen precursor XP064845/NCB1; prostate tumor antigens; MUC 1; and mucin 1.

88. (NEW) The method of claim 1, wherein the IgG and double-stranded RNA are admixed together.

89. (NEW) The method of claim 1, wherein the IgG and double-stranded RNA are administered separately.

90. (NEW) The method of claim 1, wherein the antigen is an antigen of a tumor cell and the method comprises a method of treatment of the tumor comprising: administering the IgG and double-stranded RNA to a patient in need of treatment for the tumor.

91. (NEW) The method of claim 1, wherein the antigen is a virus or viral protein and the method is a method of virus immunization comprising: administering the IgG and double-stranded RNA to a patient in an amount sufficient to immunize the patient against the virus.

92. (NEW) The method of claim 1, wherein the antigen is a virus or viral antigen and the method is a method of treatment of viral infection comprising: administering the IgG and double-stranded RNA to a patient in need of treatment for viral infection in an amount sufficient to treat the viral infection.